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EXHIBIT B

## IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

TYRONE GREEN, PA, : CA. No. 03-149 Erie

Plaintiff,

District Judge McLaughlin

VS.

Defendant.

Magistrate Judge Baxter

MARTIN HORN, ET AL.

#### AFFIDAVIT OF DAN TELEGA

COMMONWEAL IH OF PENNSYLVANIA	)
	) SS:
COUNTY OF ERIE	)

AND NOW, this \_\_\_\_\_\_day of December, 2005, the undersigned, Dan Telega, Physician's Assistant, personally appeared before me and deposes and says:

- 1. I, Dan Telega, am a physician's assistant licensed to practice in the Commonwealth of Pennsylvania. I am employed by Prison Health Services, Incorporated at the State Correctional Institution at Albion ("SCI-Albion").
- 2. The information contained in this Affidavit is true and correct and is based upon my personal knowledge.
- 3. I understand that a lawsuit has been filed by Tyrone Green, who claims that he was denied medical treatment for an injury to his right hand while he was incarcerated at SCI-Albion.
- 4. I have provided treatment to Mr. Green with respect to the injury to his right

- 5. In addition, I have reviewed Mr. Green's medical records from the Pennsylvania Department of Corrections and Millcreek Community Hospital, which are attached to this Affidavit.
  - 6. On August 27, 2001, I saw Mr. Green along with Dr. Mark Baker.
- On August 27, 2001, Dr. Baker ordered Mr. Green to be sent to Millcreek Community Hospital for an orthopedic consultation via state car. (See Physician's Orders, 8/27/01). I entered Dr. Baker's Physician's Order dated August 27, 2001 that appears in the Physician's Orders section of Mr. Green's medical chart from SCI-Albion. Dr. Mark Baker co-signed the August 27, 2001 Physician's Order, which correctly reflects his order that Mr. Green be sent to Millcreek Community Hospital for an orthopedic consultation.
- 8. In addition to the August 27, 2001 Physician's Order, I also entered as August 27, 2001 Progress Note which included an entry that Mr. Green would be sent "to MCH [Millcreek Community Hospital] via state car for casting. Security to be notified..."
- 9. My August 27, 2001 entry in the Progress Notes does not accurately reflect the treatment plan for Mr. Green's right hand injury and does not accurately reflect the August 27, 2001 order that appears in the Physician's Orders.
- Notwithstanding my notation in the Progress Note of August 27, 2001, at no time had either I, Dr. Mark Baker, or any other medical personnel ordered a cast to be placed on Mr. Green's hand, nor did I or any other medical personnel find that a cast was medically necessary or appropriate
- Further, at no time was an order issued to have Mr. Green's hand placed in a cast. Rather, Dr. Baker's order was only that Mr. Green be transported to Millcreek Community Hospital for orthopedic consultation.
- 12. At no time did I or any other medical personnel at SCI-Albion confiscate or discontinue Mr. Green's splint and sling.

- 13. On October 12, 2001, Dr. Ferretti ordered that Mr. Green's splint and sling be removed. (See Consultation Record, 10/12/01; see also X-ray Report 10/13/01 and Progress Notes, 10/12/01). Dr. Ferretti determined that a splint and sling were no longer medically necessary or appropriate to treat Mr. Green's right hand injury.
- At no time did I tell Mr. Green that he did not get transported to Millcreek 14 Community Hospital because Mr. Green is black, a convict, or gay.
- I am not aware of any physician having ever ordered a cast to be placed on 15. Mr Green's right hand to treat the August 25, 2001 injury. In my opinion, a cast was neither necessary nor appropriate given the nature of the injury and Mr. Green's complaints.
- At no time did I or any other medical provider associated with the treatment 16. of Mr. Greens' August 25, 2001 injury act with deliberate indifference to any serious medical need of Mr. Green.

Subscribed and sworn to before me this

day of December, 2005

Notarial Seal Jo Anne R. Bickel, Notary Public Conneaut Twp., Erie County My Commission Expires Sept. 23, 2006

My Commission Expires:

Member Pennsylvania Association Of Notaries



# Millcreek Community Hospital

# MEDICAL RECORDS EMERGENCY ROOM /OUTPATIENT

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### **CONSENT FORM** MILLCREEK COMMUNITY HOSPITAL, 5515 PEACH STREET, ERIE, PA 16509

CONSENT TO HOSPITAL CARE: THE UNDERSIGNED PATIENT PRESENTS HERSELF/HIMSELF FOR ADMISSION TO MILLCREEK COMMUNITY HOSPITAL (HOSPITAL') OR EMERGENCY/OUTPATIENT CARE AND VOLUNTARILY CONSENTS TO THE RENDERING OF SUCH CARE, INCLUDING DIAGNOSTIC PROCEDURES AND MEDICAL TREATMENT, BY AUTHORIZED AGENTS AND EMPLOYEES OF THE HOSPITAL AND BY ITS MEDICAL STAFF, OR THEIR DESIGNEES, THE UNDERSIGNED PA-TIENT ACKNOWLEDGES THAT NO GUARANTEES HAVE BEEN MADE AS TO THE EFFECT OF SUCH EXAMINATIONS OR TREATMENT ON MY CONDITION. DIAGNOSIS AND TREATMENT MAY, AT TIMES, INVOLVE DISCOMFORTS AND RISK OF IN JURY. EACH PATIENT HAS THE RIGHT TO CONSENT TO, OR TO REFUSE, ANY PROPOSED PROCEDURE OR THERAPEUTIC COURSE. THE PATIENT'S HOSPITAL CARE IS DIRECTED BY HIS/HER ATTENDING PHYSICIAN, SINCE THE HOSPITAL IS A TEACHING HOSPITAL, PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS IN TRAINING MAY ATTEND PATIENTS OR BE PRE-SENT DURING PATIENT CARE AS PART OF THEIR EDUCATION

RELEASE OF INFORMATION: THE HOSPITAL MAY DISCLOSE PATIENT INFORMATION IT DEEMS APPROPRIATE TO ANY PERSONS OR CORPORATION WHICH IS OR MAY BE LIABLE UNDER A CONTRACT TO THE HOSPITAL OR TO THE PATIENT OR TO A FAMILY MEMBER OR EMPLOYER OF THE PATIENT FOR ALL OR PART OF THE HOSPITAL'S CHARGE, AT THE REQUEST OF THE PATIENT'S INSURANCE COMPANY OR OTHER PERSON OR COMPANY UNDER CONTRACT TO PAY ALL OR PART OF THE HOSPITAL'S CHARGES, THE MEDICAL RECORD WILL BE CONFIDENTIALLY REVIEWED BY PHYSICIANS OR THE DESIGNEES TO DETERMINE THE NEED FOR HOSPITALIZATION PAYMENT BY THE INSURANCE COMPANY, OR OTHER PERSON UNDER OBLIGATION BY CONTRACT TO MAKE PAYMENT, MAY NOT BE MADE IF NO NEED FOR HOSPITALIZATION IS FOUND.

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5515 Peach Street • Erie, PA 16509 • 814/864-4031

Millcreek Community Hospital

GREEN, I'M O E 3 1 (34716

Dear Patient:

As you are admitted to the hospital (In-patient, Out-patient surgery, or Emergency Room), Federal Law now requires us to ask you whether or not you have a written document called an "Advance Directive". This document can be a "Living Will" or "Durable Power of Attorney" which states your wishes for medical treatment should you become unable to participate in your medical care.

The brochure given to you on an inpatient admission better explains what Advance Directives are and how you are given the opportunity to complete an Advance Directive statement, should you so desire to.

You are not obligated to complete an Advance Directive statement. If you would like further information, please inform hospital personnel during your admission process. Someone from the Social Services Department or Nursing will be happy to see you.

We appreciate your comments and interest in this area. Please sign the statement below as requested. Thank you!

INFORMATION ON A	DVANCE DIRECTIVES WAS PRESENTED TO ME AS
	I "DO" HAVE AN ADVANCE DIRECTIVE
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	I "DO" HAVE AN ADVANCE DIRECTIVE, BUT IT
	IS NOT WITH ME AT THIS TIME.
	I "DO NOT" HAVE AN ADVANCE DIRECTIVE DOCUMENT AT THIS TIME.
·	I WOULD LIKE FURTHER INFORMATION ON COMPLETING AN ADVANCE DIRECTIVE AT THIS TIME
•	

Providing total health care since 1950

FORM 1140

Name	TYRONE	GREEN
Date	8/27/	01

MILICREEK COMMUNITY HOSPITAL 5515 Peach Street Erie, PA 16509

### ORTHOPEDIC INSTRUCTIONS

	ANTIOTIBLIO INDINOCTIONO
(4)	Keep your cast/dressings clean and dry.
( )	Do not put anything inside your cast/dressings.
( )	Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
()	Check toes and fingers frequently for swelling.
( )	Move toes and fingers frequently to prevent swelling and stiffening.
()	Do not bear weight for hours on a walking cast.
()	Always wear cast boot when bearing weight on walking cast.
イ	Wear arm sling
( )	Use your crutches as directed and always bring them to every appointment.
	Never trim or cut down the length of your cast by yourself.
チ	Call Millcreek Community Hospital at (864-4031) if:
٠	<ul> <li>a. Pressure points or rubbing develops under your cast.</li> <li>b. Your exposed body area (fingers or toes) becomes numb or cool.</li> <li>c. Your cast softens, cracks, or breaks.</li> <li>d. You experience a significant increase in pain.</li> </ul>
)	You have a prescription fortake
)	You have a clinic appointment at the hospital at 14:75 AMAPM
)	On 9/5/0/  Call (864-4031) at 8 AM on at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital
)	Call the office (864-5455) today for an appointment for
).	Your Attending Orthopedist is:
)	No school until
)	May return to school
)	No Gym until released by Attending Orthopedist
)	No work until released by Attending Orthopedist
)	May return to work
)	ADDITIONAL INSTRUCTIONS
	Post/Ice le whe
	Form #630

Emergency Department Record			□ Ch	art Complete
Time of initial M.D./D.O. evaluation: AM/F	M Mode of arrival:	vt. Auto 🗌 Ambulance 🔲 Poli	ce PMD:	
CC:				Dictated
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		The State of Care I	CAD CHE	LMP: / /
PMH: 🗆 No serious illness 🗀 Old chart reviewed (date	): / / LI A-fib L	Appy.   Asthma CABG C	TIA	Tetanus:
☐ Cholecyst. ☐ COPD ☐ CVA ☐ HTN ☐ Hyperchol.	□ IDDM □ NIDDM □ I	MI LI PICA LI Seizures LI	TIA	Totaliao.
Anietr			<u> </u>	<del></del>
Meds: None Agree with triage list		<u> </u>		
Allergies: 🗗 NKDA		Childhood	immunizations: 🛘	UTD
H:   No related family hx				
	Drugs:		cle): SMWD C	
Landard Company of the Control of th		REVIEW OF		
Veg. IIII REVIEW OF SYSTEMS (Circle		MUSC: New hone or join	nain - back problem	7.5
CONST: fever - chills - wt. loss -weakness	<del></del>	INTEG: skin lestons - ras	h	
FYES: acuity change  ENMT: hearing loss - earache - nasal drainage		NEURO: syncope - focal	weakness - HA - sei	zure - dizziness
RESP. SOB - cough - sputum - wheezing	36 - 30/6 M/OM	PSYCH: prior psych hx -		
CV: chest pain - palpitations - PND - orthop	nea	ENDO: polyuria - polydip		
Gl: nausea - vomiting - diarrhea - pain - me	lena - hematochezia	HEME/LYMPH: bruising	- adenopathy	
GU: dysuria - urgency - frequency - nocturia		ALLERGIC/IMMUNO:	urticaria - hayfever	
	<u> </u>			
ROS Details:  All Other Systems Negative  Complet	e History Unobtainable Du	e to:		
	6 Utatold Ollopiguesis as	ie 10.		
PHYSICAL EXAMINA  CONST:     vitals nl, see triage   T:   Gy.   Bi   well-developed, well nourished   Salert	TION	PE limited by acuity R: 7-6 RR: (5)	See ED cou	rse for further I
PHYSICAL EXAMINA  CONST:    vitals nl, see triage	TION D: 130 1 70 H Ono distress OGCS 1	PE limited by acuity R: 7-6 RR: (5)		rse for further I
PHYSICAL EXAMINA  CONST:     vitals nl, see triage	TION □ :  30 / 7-○ H ○ no distress ○ GCS   □ discs & fundi nl	PE limited by acuity  R: 7-6 RR: / 5  O non-toxic Sage-o	ppropriate behavior	
PHYSICAL EXAMINA  CONST:    vitals nl, see triage	TION □ :   30   7	PE limited by acuity R: 7-6 RR: (5)	ppropriate behavior	
PHYSICAL EXAMINA  CONST:	TION □ :   30   7	PE limited by acuity  R: 7-6 RR: /5  5 O non-toxic Save-o  asal exam nl lips, teeth, gu	ppropriate behavior  ms, palate nl  or	
PHYSICAL EXAMINA  CONST:   vitals nl, see triage   T:   Gy   BE   well-developed, well nourished   Salert  Abni/Other:  EYES:   lids, conjunctiva nl   PERRL, irises nl  Abni/Other:  ENMT:   ext. ears, nose nl   TM's, canals nl   Abni/Other:	TION   :   30   70   H  O no distress O GCS    discs & fundi nl  hearing grossly intact  n	PE limited by acuity  R: 7-6 RR: / 5  O non-toxic Sage-o	ppropriate behavior  ms, palate nl  or	
PHYSICAL EXAMINA  CONST:	TION	PE limited by acuity  R: 7-6 RR: / 5  5 O non-toxic Save-o  asal exam ni  lips, teeth, gu  neck nontender O full ROM	ppropriate behavior ms, palate nl  or	ropharynx nl
PHYSICAL EXAMINA  CONST:   vitals nl, see triage   T: Gy.   BE   well-developed, well nourished   valert   well-developed, well nourished   valert   Abni/Other:   lids, conjunctiva nl   PERRL, irises nl   Abni/Other:   ext. earx, nose nl   TM's, canals nl       Abni/Other:   neck supple, symmetric, no masses   th	TION	PE limited by acuity  R: 7-6 RR: / 5  5 O non-toxic Save-o  asal exam ni  lips, teeth, gu  neck nontender O full ROM	ppropriate behavior ms, palate nl  or	ropharynx nl
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PHYSICAL EXAMINA  CONST:	TION	PE limited by acuity  R: 7-6 RR: / 5  5	ppropriate behavior  ms, palate nl  or  v/o pain  symmetry & expansi  ema  nondistended  o	on ni no rebound/guardi
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PHYSICAL EXAMINA  CONST:    vitals nl, see triage   T: Gy   BE   well-developed, well nourished   Salert   Abni/Other:   EYES:    lids, conjunctiva nl    PERRI, irises nl   Abni/Other:   ENMT:    ext. ears, nose nl    TM's, canals nl    TM's	TION	PE limited by acuity  R: 76 RR: 15.  5 O non-toxic Sease-of sease exam nl lips, teeth, guiteck nontender of full ROM adaption of chest nl chest nl chest nl no ed mass, HEME: O +BS's  Lienderness  Cervix nl uterus nl pedia & hips nl gait & Compilled	ppropriate behavior  ms, palate nl	on nl  no rebound/guardi  CVA tenderness & nails nl
PHYSICAL EXAMINA  CONST:    vitals nl, see triage   T: Gy   BE   well-developed, well nourished   Salert   Abni/Other:   EYES:    lids, conjunctiva nl    PERRI, irises nl   Abni/Other:   ENMT:    ext. ears, nose nl    TM's, canals nl    TM's	TION	PE limited by acuity  R: 76 RR: 15.  5 O non-toxic Sease-of sease exam nl lips, teeth, guiteck nontender of full ROM adaption of chest nl chest nl chest nl no ed mass, HEME: O +BS's  Lienderness  Cervix nl uterus nl pedia & hips nl gait & Compilled	ppropriate behavior  ms, palate nl  or  w/o pain  symmetry & expansi  ema  nondistended  on	on nl  no rebound/guardi  CVA tenderness & nails nl
PHYSICAL EXAMINA  CONST:    vitals nl, see triage   T: Gy   BE   well-developed, well nourished   Salert   Abni/Other:   EYES:    lids, conjunctiva nl    PERRI, irises nl   Abni/Other:   ENMT:    ext. ears, nose nl    TM's, canals nl    TM's	TION	PE limited by acuity  R: 76 RR: 15.  5 O non-toxic Sease-of sease exam nl lips, teeth, guiteck nontender of full ROM adaption of chest nl chest nl chest nl no ed mass, HEME: O +BS's  Lienderness  Cervix nl uterus nl pedia & hips nl gait & Compilled	ppropriate behavior  ms, palate nl	on nl  no rebound/guardi  CVA tenderness & nails nl
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Cardiac r	nonitor:   Normal sinus rhyth	m Cl Other:									
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Radiogra				<del></del> -		··		E.D. M.D./D.			
CBC:	WNL Abnormalities: C	CHEM: Q WI	NL	NA		ALB	LDH	P	TINI	RP	тт
WBC		□ Ab	nomalitie	es: K		SGOT			IG		
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HCT PLT	% Band % Lymphs	CR		→ CA		Bilirubin	Amyl	0	THER:		
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	ED Course, Procedures & I	Discussion:	V. V.	UNSTA	ABLE Critic	al care time;		minutes	5000 P	send enteringen	2017 St. 242 A
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	Time patient admitted to "Observa	ation Status"		Case dis	scussed wi	th:				10115	
	Time patient discharged from "Ob	servation Status	s"	□ Othe	procedure	s by MD: IV	IVP Dye / N	G Tube / Bla	dder Call		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
\$ # N.C.			PHY: NOTED		ORDER				men a zwen.	NOTED	INITIAL
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	☐ CXR (Port/2V) ☐ E ☐ UA (dip/lab) ☐ CARI ☐ PREGNANCY (serum/urine ☐ PT ☐ PTT ☐ DIG.	KG DIAC PROFILE )	TIME			☐ Monitor		se Oximetry			
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IMPRES Follow-up Meds: Other: The patier	CXR (Port/2V) GE GUA (dip/lab) GCAR GPREGNANCY (serum/urine GPT GPT GDIG. GURINE TOX. GB GCT: GULTRASOUND:  CITY CARROWS  CONTRACTOR CARROWS  CONTRACTOR CARROWS  CONTRACTOR CARROWS  CONTRACTOR CARROWS  AUTHORIZE  CARROWS  AUTHORIZE  CARROWS  AUTHORIZE  CARROWS  AUTHORIZE  AUTHORIZE  CARROWS  CARROWS	EKG DIAC PROFILE  Slood Alcohol  CARE:  CARE:  CATION  Eccessary to detere was provided	rox X	Physici in A.C.	an Signa	Monitor  dt. 5cc	ech 4	ONDITION:		20	
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Follow-up Meds; Other: The patier medical co patient's c payment a was made ER staff in Payment Q Author Au	CXR (Port/2V)	EKG DIAC PROFILE  Slood Alcohol  CARL  CAR	mine if at to stabilizated to ne contactussed with	Physici in A.C. or emerger the request at with HSI h	Sheets:	Monitor  dt. 5cc	M 201 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONDITION:		20	
Follow-up Meds: Other: The patier medical co patient's c patient's c payment a was made ER staff m Paymet  Author The patier	CXR (Port/2V)	ATION ecessary to detere was provided in (HSP) was come case was discounted by the commendation of the commendation of the case was discounted by the case w	mine if at to stabilizated to ne contactussed with	Physici in A.C. or emerger the request at with HSI h	Sheets:	Monitor  dt. 5cc	M 201 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONDITION:		20	
Follow-up Meds: Other: The patier medical co patient's c payment a was made  ER staff m  Paymee  Auth The patie	CXR (Port/2V)	EKG DIAC PROFILE  Slood Alcohol  CARL  CAR	mine if at to stabilizated to ne contactussed with	Physici in A.C. or emerger the request at with HSI h	Sheets:	Monitor  dt. 5cc	M 201 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONDITION:		20	

	A/BION
X-RAY REPORT	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS
NAME GREEN, TYRONE  X-RAY NUMBER  DOB 1-23-70  DATE OF X-RAY / 01	NUMBER QUARTERS FA  TECHNICIAN L/L
TREATMENT DEXAMINATION DETAILS:	Full gettery out of Shower 8/25/01 landing in Rethard, Pain Swelling 4-5 MParia R/O FX
REPORT R HAND 3v: There is fx deformities indicated indeterminate age. Soft tissue swelling	ng is seen and I cannot exclude acute
5th metacarpal. IMPRESSION: Fx base of 4th metacarpal correlation recommended. Soft tissue s base of 5th metacarpal.	welling noted. Probable did thip fix Time N NCS
HKS/dg 9/18/01 Hen	Or Mark Dalas A Clinically RDENDERMOZOGIST Significant
White—MEDICAL RECORD Canary—>	Pink—RADIOLOGIST FILE  Pink—RADIOLOGIST FILE

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DC-456 X-RAY REPORT	DEPARTMENT	OF PENNSYLVANIA OF CORRECTIONS
NAME CREEN TYRONE  X-RAY NUMBER  DATE OF X		QUARTERS
$\frac{20007-23-70}{200000000000000000000000000000000000$	21/01	TECHNICIAN 2/4
At hard (througho	plent) Poll	own of fx
R HAND 3v: Comparison w/ prior	5:11 5/07/04 - 5/ Abu	PHYSICIAN BAKER
REPORT immobilizing splint shows anatom 4th metacarpal. Partial widenin	ic alignment of fx fragments	at base of R
healing. F/u recommended. IMPRESSION: Anatomic alignment.		Practitioner Date
SS/dg 10/10/01	Sonja Schaffer, M.D.	Time 134
	Dr. Mark Baker	Abnormal Normal Not (Requires A Clinically RDENTERMOROGIST Significan
DATE OF REPORT  White—MEDICAL RECORD	Medicai Director  Canary—X-RAY FILE	Scap Note) Pink—RADIOLOGIST FILE
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	in the second of	The second secon
	The second of th	ALBION
0		CORRECTIONS
DC 456 X-RAY REPORT	OCTANONWEALTH (	A B I S D  OF PENNSYLVANIA CORRECTIONS  OUARTERS FA
0	COMMONWEALTH OF DEPARTMENT OF	QUARTERS FA
DC-456  X-RAY REPORT  NAME  OREFU, TYRONE  DATEOFX-RU  DATEOFX-RU	COMMONWEALTH OF DEPARTMENT OF	QUARTERS FA
DC-456  X-RAY REPORT  NAME  REFU, TyRONE  X-RAY NUMBER  DATE OF X-RAY  DO DATE OF X-RAY  DO DATE OF X-RAY  DATE OF X-RAY  DO DATE OF X-RAY  D	COMMONWEALTH OF DEPARTMENT OF	QUARTERS FA
DC-456  X-RAY REPORT  NAME  REFULTION  DATE OF X-R.  X-RAY NUMBER  1-23-70  DETAILS:  Chand	COMMONWEALTH OF DEPARTMENT OF AY / 61  NUMBER 4593  AY / 61  July gitting laxling in Key and Surelling 4-6	OUARTERS FA  TECHNICIAN L/4  METAL Shower 8/25/01  Whend, Pain  MParia R/0 FX  BASH/NE PHYSICIAN
DC-456  X-RAY REPORT  NAME  REFU, TyRoue  X-RAY NUMBER  DATE OF X-R  S & S  TREATMENT   EXAMINATION   DETAILS:  Chand  Chand	COMMONWEALTH OF DEPARTMENT OF STATE OF	QUARTERS FA  TECHNICIAN L/4  METAL Shower 8/25/01  Whend, Pain MParia R/0 FX  BASH/NE PHYSICIAN  acarpal of  axclude acute
NAME  REPORT	COMMONWEALTH OF DEPARTMENT OF NUMBER 1593  AY / 01  AY /	OUARTERS  TECHNICIAN A/4  MEDICAN A/4  MEDICAN A/4  MEDICAN A/4  MEDICAN A/4  MASH/NE PHYSICIAN  Acarpal of  exclude acute  spect base agnostic strong  Practitioner  Claim Color
NAME  REFORT R HAND 3v: There is fx deformiting indeterminate age. Soft tissue in jury. Smoothly marginated protections of the protection	COMMONWEALTH OF DEPARTMENT OF NUMBER 1593  AY / 01  AY /	OUARTERS  TECHNICIAN A/4  MEDICAN A/4  MEDICAN A/4  MEDICAN A/4  MEDICAN A/4  MASH/NE PHYSICIAN  Acarpal of  exclude acute  spect base agnostic strong  Practitioner  Claim Color
DC-456  X-RAY REPORT  NAME  REPORT  RE	COMMONWEALTH OF DEPARTMENT OF NUMBER 1593  AY / 01  AY /	OUARTERS  TECHNICIAN A/4  MEDICAN A/4  MEDICAN A/4  MEDICAN A/4  MEDICAN A/4  MASH/NE PHYSICIAN  Acarpal of  exclude acute  spect base agnostic strong  Practitioner  Claim Color

	AlBION
X-RAY REPORT	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS
NAME GREEN TYRONE  X-RAY NUMBER  DOB1-23-70  DATE OF X/RAY  9/21	NUMBER 4593 QUARTERS  OI TECHNICIAN 2/4-
TREATMENT DETAILS:  Relaid (through splen	it) Follow-up of for
REPORT R HAND 3v: Comparison w/ prior films 8/27/01. F/u exam through an immobilizing splint shows anatomic alignment of fx fragments at base of R	
4th metacarpal. Partial widening of healing. F/u recommended.  IMPRESSION: Anatomic alignment.	Tx line is related to early bony Diagnostic Spamp  Practitioner  Date
	Sonja Schaffer, M.D.  Time  A  N  Normal  Normal  Normal  (Requires A  Clinically
DATE OF REPORT	Or. Mark Baker (Requires A Clinically REQUIRES A Clinically REPRODUCTION Soap Note) y—X-RAY FILE Pirk—RADIOLOGIST FILE